

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	ST		
O.I.P.E. CLASSIFIER		5	3-2-99
FORMALITY REVIEW	10/2/99	606080	3/4/99

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Best Available Copy

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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